



TESTIMONY

Submitted by Tracy Wodatch, President and CEO
The Connecticut Association for Healthcare at Home

Aging Committee Public Hearing
February 9, 2021

SUPPORT: SB 812 - AN ACT EXPANDING ELIGIBILITY FOR THE ALZHEIMER'S DISEASE RESPITE CARE PROGRAM

SUPPORT w/comments: SB 813 - AN ACT CONCERNING RETROACTIVE MEDICAID ELIGIBILITY FOR HOME-CARE SERVICES.

Good morning Senator Slap, Representative Phipps and members of the Aging Committee. My name is Tracy Wodatch, President and CEO of the Connecticut Association for Healthcare at Home.

The Association is the united voice for the State DPH-licensed and Medicare-certified home health and hospice agencies and several non-medical home care agencies. Together, they provide services that foster cost-effective, person-centered home care for Connecticut's Medicaid population in the setting they prefer most – their own homes.

Connecticut's home and community-based service providers are the reason that CT residents can successfully age in place through the State's Long-Term Services and Supports Program such as Money Follows the Person, Community First Choice, CT Home Care Program for Elders.

In State Fiscal Year 2018, home-based providers saved the State nearly \$399-Million under the CT Home Care Program for Elders, continuing the decade long savings trend that DSS reports to have saved \$2.1-Billion since 2006 (see attached flyer).

In-home services are preferred over institutional care and are a savings vehicle for the State. They should be expanded wherever possible. A good example of such expansion and one we support is **SB 812 - AN ACT EXPANDING ELIGIBILITY FOR THE ALZHEIMER'S DISEASE RESPITE CARE PROGRAM.**

I'd also like to comment on **SB 813 AN ACT CONCERNING RETROACTIVE MEDICAID ELIGIBILITY FOR HOME-CARE SERVICES.** Our community-based Medicaid providers support this bill but face daily challenges based on current processes which need to be reviewed and tweaked for this to work.

Currently, all Medicaid waiver services require the use of Electronic Visit Verification (EVV) and an approved care plan by one of the Access Agencies which then gets uploaded to the state EVV portal. If a client is in pending Medicaid status, agencies cannot get approval from Access Agencies and cannot bill for services. It follows that a non-waiver Medicaid pending case also cannot get prior authorization for services and also cannot bill. Both of these situations require an extensive amount of tracking to ensure proper retroactive payment down the road.

However, providers are often asked to accept clients pending their Medicaid coverage. In the past, agencies may have been more willing to accept the client, in good faith, that eligibility would be



granted and the services already provided would eventually be paid retroactively. Unfortunately, more and more provider agencies are experiencing struggling financial times which impacts their ability to take pending Medicaid cases at all. The provider must rely on the client/family to submit all necessary paperwork which frequently is not done or is not submitted as requested causing a further lapse in eligibility processing and approval. Ultimately, the agency doesn't get paid for services already rendered beyond the 3-month time period outlined in this bill.

While home health care agencies have been longtime willing and collaborative State partners, they are struggling now more than ever due to inadequate and stagnant Medicaid reimbursement rates. Home health care agencies are closing and merging with other agencies to maintain any potential for sustainability. Preserving the financial viability of CT's home health and home care agencies is critical to statewide access to community-based services ultimately ensuring the continuation of the favorable State Budget savings trend.

We urge you to consider the impact of Medicaid Retroactive Eligibility should no changes be made to current processes. Thank you.

Tracy Wodatch

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FACT:

Home and Community-Based Services
SAVED the State of Connecticut Budget

\$398.6-MILLION
IN STATE FISCAL YEAR 2018

And a total of over \$2.1 Billion in the last 13 state fiscal years (2006 to 2018)



THE NEED FOR HOME CARE IS EXPLODING.

Nearly **19,200** enrollees in the CT Home Care Program for Elders (CHCPE) and Waiver Services are receiving home and community-based services.

RIGHT CARE, RIGHT COST, RIGHT PLACE.

This balanced formula is at risk due to underfunding and agencies being forced to reduce care to Medicaid for financial survival.

MORE AGING IN PLACE = MORE STATE SAVINGS.

The most recent 3 years (2016–2018) cumulative savings was \$1.1 Billion which exceeded the prior **10 years** savings of \$1.03 Billion.

THE HOME CARE WORKFORCE IS AN ECONOMIC ENGINE.

Over 19,000 workers are employed by licensed home health and non-medical home care agencies. A number that needs to continually grow to meet the demand of rebalancing in CT.

TALK WITH US ABOUT THE POWER THAT CARE IN THE HOME HOLDS FOR THE STATE'S PEOPLE AND BUDGET.

 **This is Healthcare at Home**

